Effective October 1, 2003 /078/12/6														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			10					RATE		FEE]	RATE	FEE	
FOR			NUMBER FILED		NUME	MBER EXTRA		BASIC FEE 385.00		85.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			10 minus 20=		•	-0		X\$ 9=			OR	XS18=	(
INDEPENDENT CLAIMS			2 minus 3 =		•	0		X43=				X86=	_	
MULTIPLE DEPENDENT CLAIM PRESENT											OR			
* If the difference in column 1 is less than zero, enter "0" in column 2						volumo 2		+145=			OR	+290=		
								TOTAL			OR	TOTAL	970	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)													OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	· 2	0	8		X\$ 9=			OR	X\$18=		
	Independent	. 2	Minus	***	J. ·	•		X43=	1		OR	X86=		
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM			+145=			OR	+290=		
							L	TOTA			OB	· TOTAL		
		(Column 1)		(Colum	nn 2)	(Column 3)	P	ODIT. FE	-			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••	•			X\$ 9=			OR	X\$18=		
	independent	•	Minus	***		a .	l	X43=	1		OR	X86≈	·	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM			+145=	I		OR	+290=		
						•	. .	TOTA DDIT. FE			OR ,	TOTAL ADDIT, FEE		
		(Column 1)		(Colum		(Column 3)				• • •	•			
3 L	•	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	TIC	DDI- NAL EE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		8		X\$ 9=			OR	X\$18=		
	Independent		Minus	***				X43=			OR	X86=		
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		ŀ	+145=	1			+290=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR [TOTAL		
••••	f the "Highest Nu	mber Previously Pal mber Previously Pa ber Previously Paid	id For IN THIS	S SPACE is	less than	.3, enter "3." ·	. ~	TOTAL DDIT. FEE ad in the a	_			ODIT. FEE		

Application or Docket Number